

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

## CERTIFICATE OF DEATH

04035

Reg. Dist. No. 252

## 1. PLACE OF DEATH:

County Queen AnneCity or town Princessville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Queen AnneCity or town near Centerville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Alberta Blake

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

col

## 6. (a) Single, married, widowed, or divorced

Widow

## 6. (b) Name of husband or wife

John Blake (deceased)

## 7. Birth date of deceased (mo., day, yr.)

March 8 - 1873

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

7319

hrs.

min.

## 9. Birthplace

Kent Island Md  
(Town, county, and state)

## 10. Usual occupation

Housework

## 11. Industry or business

## FATHER

## 12. Name

— Hursey

## 13. Birthplace

Md.

## MOTHER

## 14. Maiden name

Bernice Huggins

## 15. Birthplace

Md.

## 16. Informant

## Address

Wm Clayton  
Centerville Md

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

April 21 - 46  
(month) (day) (year)

## Cemetery or crematory

Burial

## Location

Burial  
Edgar Lane

## 18. Funeral director

## Address

Church Hill

## 19.

(Date rec'd by registrar)

4 - 21 - 46Elice Armstrong

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 - 1946 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 - 1946 to April 17 - 1946and that I last saw him alive on April 17 - 1946

## Immediate cause of death

## DURATION

Chronic interstitial nephritis

## Due to

## Due to

## Other conditions

Metabolic Regeneration

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

W. Hursey Frisner

M. D. or other

Address

Centerville MdDate signed 4/18/46

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
APR 24 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04036

Reg. Dist. No. 252

## 1. PLACE OF DEATH:

County Queen Anne's  
 City or town Rural Centerville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? all his life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?                     

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's  
 City or town Rural Centerville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.                       
 (If rural, give LOCATION)  
 2.(a) If veteran, name war - no -

## 3. (a) FULL NAME

Kennard S. Brown

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Hensley Maria Brown

7. Birth date of

deceased (mo., day, yr.)

June 1 - 18866. (c) If alive, give age 62 years

8. AGE:

Years

Months

Days

If less than one day

591023

hrs.

min.

8. Birthplace

Brownsville 2A.C. Md  
(Town, county, and state)

10. Usual occupation

Farm laborer

11. Industry or business

FATHER  
MOTHER

12. Name

Thomas Brown

13. Birthplace

Queen Anne's Co. Md

14. Maiden name

Carrie Bailey

15. Birthplace

Queen Anne's Co. Md

18. Informant

Hensley M. Brown

Address

Centerville, Maryland

17. (Burial, cremation, or removal, Which?)

Burial

Date thereof

April 26, 46  
(month) (day) (year)

Cemetery or crematory

Brownsville

Location

Rural Centerville, Md

18. Funeral director

Barton Bros

Address

Centerville, Md

19. (Date rec'd by registrar)

April 25, 1946Elic Ametung  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 24

19

46

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15

19

46and that I last saw him alive on April 22

19

Immediate cause of death

DURATION

Pulmonary Tuberculosis

Due to

Due to

Other conditions

Mitral Regurgitation

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

M. D. or other

Address

Centerville Md

Date signed

4/25/46

RECEIVED  
APR 30 1946  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 727

## CERTIFICATE OF DEATH

04037

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County Queen Anne's Co.City or town Barnes  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 yr.Hospital, institution, or street address where death occurred:  
-How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Barnes  
(If outside city or town limits, write RURAL and give nearest town)Street No. -  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

Edward Sylvester Croushaw

## 3. (b) Social Security Number

4. Sex Male 5. Color or race wh. 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Catharine Croushaw7. Birth date of deceased (mo., day, yr.) March 29 1886 6. (c) If alive, give age - years8. AGE: Years 60 Months 0 Days 19 If less than one day - hrs. - min.9. Birthplace King's Green, Ind.  
(Town, county, and state)10. Usual occupation Farming11. Industry or business self.12. Name Henry Croushaw13. Birthplace King's Green, Ind.14. Maiden name Alice Collier15. Birthplace Queen Anne's Co.16. Informant Catharine CroushawAddress Price, Ind.17. Burial Date thereof April 20, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Sudlersville Cem.Location Sudlersville Ind.18. Funeral director Edgar L. LaneAddress Church Hill Ind.19. April 17 46 Edgar L. Lane  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946, at 11 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 - 8 1946, to 4 - 17 1946and that I last saw him alive on 4 - 15 1946

Immediate cause of death

Myocardial infarctionchronic - hypercholesterolemiaDue to arteriosclerosisDue to kidney stones, hyperkalemia

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Albert A. Burdard

M. D. or other

Address Rock Hall, Ind. Date signed 4/17/46

RECEIVED

APR 30 1946

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County Queen Anne'sCity or town Rural Millington  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Queen Anne'sCity or town Rural Millington  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

David H. Felton

## 3. (b) Social Security Number

none

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Theresa Felton6. (c) If alive, give age 68 years

7. Birth date of

deceased (mo., day, yr.)

Feb. 15 1877

8. AGE:

Years

Months

Days

If less than one day

6925

hrs.

min.

9. Birthplace

Maryland  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Jacob Felton

FATHER

12. Name

Jacob Felton

13. Birthplace

Maryland

MOTHER

14. Maiden name

Martha Gaster

15. Birthplace

Virginia

16. Informant

Mrs. Theresa Felton

Address

Rural Millington Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

April 24 1946  
(month) (day) (year)

Cemetery or crematory

Millington

Location

Millington Md.

18. Funeral director

Edgar H. Lane

Address

Millington Md.

19.

(Date rec'd by registrar)

19 46Edgar H. Lane

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 19 46, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1941 to April 21 1946and that I last saw him alive on April 20 19 46

Immediate cause of death

Arterial thrombosis  
Ch. Myocarditis

DURATION

2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm. H. Lane

M. D. or other

Address

April MillingtonDate signed 4/24/46

RECEIVED

APR 30 1946

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 04039 254

## 1. PLACE OF DEATH:

County Queen AnneCity or town Chester  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Queen AnneCity or town Chester  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Adolph Gertz

## 3. (b) Social Security Number

None4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Aug. 12 - 18758. AGE: Years 70 Months 8 Days 14 If less than one year \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Warsaw, Germany  
(Town, county, and state)10. Usual occupation Railroad Laborer

11. Industry or business \_\_\_\_\_

12. Name Unknown13. Birthplace "14. Maiden name "15. Birthplace "16. Informant Margaret R. GertzAddress Chester, Md.17. Burial Date thereof Apr. 26 1946  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Stevensville CemeteryLocation Stevensville, Md.18. Funeral director John D. WilliamsAddress Easton, Md.19. Apr. 24 19 46 Hm. Dedridge  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 23 19 46 at 11 45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 19 46 to April 23 19 46and that I last saw him alive on April 23 19 46

Immediate cause of death \_\_\_\_\_

DURATION 1 dayCoronary ThrombosisDue to Arteriosclerosis 2 days

Due to \_\_\_\_\_

Other conditions cerebral thrombosis Jan. 10. 1946

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Theodor Sattelmaier M.D.Address Stevensville M. D. or other \_\_\_\_\_Date signed 4/24/46

RECEIVED  
MAY 2 1945  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 04040 254

## 1. PLACE OF DEATH:

County Queen Anne's  
 City or town Rural Queenstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 11 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Queen Anne's  
 City or town Rural Queenstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Nathaniel Mosby Gordon

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Katie Rascliffe Gordon

## 7. Birth date of deceased (mo., day, yr.)

Jan 12 - 1864

## 6. (c) If alive, give age \_\_\_\_\_ years

66

## 8. AGE:

Years

82

Months

2

Days

26

It less than one day

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 9. Birthplace

Norfolk Co. Virginia  
(Town, county, and state)

## 10. Usual occupation

Stock tender

## 11. Industry or business

Cattle farm

## FATHER

## 12. Name

George W. Gordon

## MOTHER

## 13. Birthplace

Norfolk Co. Virginia

## 14. Maiden name

Margie Ann Blackburn

## 15. Birthplace

Norfolk Co. Virginia

## 16. Informant

Marion Blanche FisherAddress 1201 Seminary Rd. Silver Spring Md

## 17. (Burial, cremation, or removal. Which?)

Burial

## Date thereof

April 10, 1946

## Cemetery or crematory

Stevensville

## Location

Stevensville Maryland

## 18. Funeral director

Barton Burr

## Address

Centerville Maryland

## 19. (Date rec'd by registrar)

Apr. 10 1946A. M. Aldridge  
Reg. Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 8

19

46

at

1245

M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 -1946

to

April 81946

## and that I last saw him alive on

April 7 -1946

## Immediate cause of death

Cerebral hemorrhage

## DURATION

## Due to

## Due to

## Other conditions

Chronic heart disease

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

W. Henry Fisher

M. D. or other

Address

Centerville Md

Date signed

4/8/46

RECEIVED  
APR 16 1946  
BUREAU U.S.



RECEIVED

APR 30 1946

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

## CERTIFICATE OF DEATH

04042 251  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death.....

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Lawrence W. Jones

## 3. (b) Social Security Number

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced.....

male white Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) May 25, 1887

8. AGE: Years 58 Months 10 Days 15 It less than one day hrs. min.

9. Birthplace.....  
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial..... Date thereof.....

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. April 11, 1946 Edgar L. Lane

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 9, 1946, at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that patient deceased from

Febr. 1, 1946, to Febr. 26, 1946,

and that I last saw him alive on Febr. 26, 1946.

Immediate cause of death..... DURATION

cerebral arteriosclerosis severe

with hypertensive encephalopathy months

Due to.....

poorly

Due to.....

poorly

Due to.....

poorly

Other conditions.....

Callosum

inquest not necessary (Include pregnancy within 3 months of death)

Major findings of operations.....

bilateral occipital

Hemiparesis Date of op. March 4, 1946

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

Theodor Sattelmeier M. D. or other

Address..... Date signed.....

M. D. or other

April 10, 1946

CERTIFICATE OF DEATH

STATE OF NEW YORK

RECEIVED

APR 30 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22-d)

## CERTIFICATE OF DEATH

Reg. Diat. No. 04043 251

## 1. PLACE OF DEATH:

County Queen Anne's  
 City or town Crumpton Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? life  
 Hospital, institution, or street address where death occurred: —  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's  
 City or town Crumpton Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. McGinnis' Corner  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war —

## 3. (a) FULL NAME

Jacob T McGinnis

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widowed

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Feb 17 1857

## 6. (c) If alive, give age years

## 8. AGE:

89212hrs. min.

## 9. Birthplace

Maryland  
(Town, county, and state)

## 10. Usual occupation

Farming

## 11. Industry or business

ownFATHER  
MOTHER

## 12. Name

William McGinnis

## 13. Birthplace

Maryland

## 14. Maiden name

Sarah E. McKersin

## 15. Birthplace

Maryland

## 16. Informant

Walter McGinnis

## Address

Widford Rd.

## 17.

BurialDate thereof April 30 1946  
(month) (day) (year)

## Cemetery or crematory

Crumpton Cem

## Location

Edgar L. Lane

## 18. Funeral director

Church Hill Rd.

## Address

Edgar L. Lane

## 19.

April 30 1946Edgar L. Lane

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 20 19 46 at 7:00 P. M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 15 19 46 to April 20 19 46and that I last saw him alive on 4/28/ 19 46

## Immediate cause of death

chron. endo. hypotension  
decompensation

## Due to

Hypertension  
Paralysis of R. side

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of —

Where did injury occur? (City or town) (County) (State)

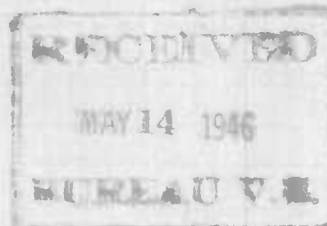
Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —

## 23. SIGNATURE

Albert A. BurgardM. D. on 4/30/46

## Address

Box 111, Md.Date signed 4/30/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 102

## CERTIFICATE OF DEATH

Reg. Dist. No.

252

## 1. PLACE OF DEATH:

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband

John E. Morris

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age

59

years

May 10 - 1887

8. AGE:

Years

Months

Days

If less than one day

58

11

10

hrs.

min.

9. Birthplace

Queen Anne's Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

John T. Hunter

13. Birthplace

Caroline Co. Maryland

14. Maiden name

Madame Jones

15. Birthplace

Don't know

16. Informant

Address

Mr. Mary M. Lewis

Centerville, Maryland

17.

(Burial, cremation, or removal, Wh/Ch?)

Date thereof

Apr 23-46

(month) (day) (year)

Cemetery or crematory

Christfield

Location

Centerville, Maryland

19. Funeral director

Address

Barton T. Brown

Centerville, Md

19.

4-23-46

19

Elie Armstrong

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 20

19

46 at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 17

19

46 to

April 20 46

and that I last saw

19

46 alive on

April 20

19

46

Immediate cause of death

Pneumonia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

M. D. or other

Address

Centerville Md

Date signed

4/23-46

RECEIVED  
APR 25 1946  
BUREAU V.R.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

Reg. Dist. No. 04045 213

## 1. PLACE OF DEATH:

County Queen Anne'sCity or town Route 1  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Donna's  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mildred Ellen Rairigh

## 3. (b) Social Security Number

4. Sex female 5. Color or race W. 6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Sir S Rairigh (Deed)7. Birth date of deceased (mo., day, yr.) Sep 23 18608. AGE: Years 85 Months 7 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Johnstown Pa  
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name John Gregg13. Birthplace Pa14. Maiden name Wilmington15. Birthplace Pa16. Informant Mrs Madison Brown JrAddress Route 1. Md17. Buried Date thereof 1-5-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Deaton'sLocation Deaton's18. Funeral director J. VicqilAddress Deaton's Md19. May 3 1946 H.C. Thomas

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 28 1946 at 6 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Coronary Thrombosis

Due to \_\_\_\_\_

Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. Chas. E. SnyderAddress Stevanville Date signed 4/29/46

RECEIVED  
MAY 5 1946  
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926

04046

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County CalvertCity or town Chesapeake  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? one yearHospital, institution, or street address where death occurred: NoneHow long in hospital or institution? None

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Chesapeake  
(If outside city or town limits, write RURAL and give nearest town)Street No. None  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Edgar D. Lane7. Birth date of deceased (mo., day, yr.) Nov. 1, 18766. (c) If alive, give age 70 years

8. AGE:

Years 69Months 5Days 16

If less than one day

hrs. 0 min. 399. Birthplace Chesapeake, Md.  
(Town, county, and state)10. Usual occupation None11. Industry or business None

FATHER

12. Name Edgar D. Lane13. Birthplace Chesapeake, Md.

MOTHER

14. Maiden name Edgar D. Lane15. Birthplace Chesapeake, Md.16. Informant Edgar D. LaneAddress Chesapeake, Md.17. (Burial, cremation, or removal) Which? BurialDate thereof April 17 46  
(month) (day) (year)Cemetery or crematory Church HillLocation Church Hill Ind.16. Funeral director Edgar D. LaneAddress Church Hill Ind.19. April 14 46  
(Date rec'd by registrar)19. Edgar D. Lane  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 46 at 10 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 13 46 to April 13 46and that I last saw him alive on April 13 46Immediate cause of death Heart troubleDURATION 39Due to Heart troubleDue to Heart troubleOther conditions Heart trouble

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NoneDate of NoneWhere did injury occur? None

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) NoneMeans of injury NoneInjured at work? None23. SIGNATURE Edgar D. LaneM. D. of NoneDate signed April 14 46

MINISTRE DE LA SANTE

DECLARATION DE DECEDE

RECEIVED

APR 30 1946

BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

Reg. Dist. No. 2520

## 1. PLACE OF DEATH:

County Queen Anne's CountyCity or town Centreville - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty Queen Anne'sCity or town Centreville - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. -

(If rural, give LOCATION)

2.(a) If veteran, name war -

## 3. (a) FULL NAME

Samuel J. Staten

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Sadie W. Staten6. (c) If alive, give age - years

## 7. Birth date of

deceased (mo., day, yr.)

March 8, 1876

## 8. AGE:

Years

70

Months

0

Days

26

If less than one day

hrs.

min.

## 9. Birthplace

Talbot County, Maryland  
(Town, county, and state)

## 10. Usual occupation

Day laborer

## 11. Industry or business

Farm

FATHER

## 12. Name

John Henry Staten

## 13. Birthplace

Talbot County, Maryland

MOTHER

## 14. Maiden name

Caroline Gibson

## 15. Birthplace

Talbot County, Maryland

## 16. Informant

Rev. William H. Staten

## Address

Easton, Maryland, R.T.D. #2 Box 190

## 17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

April 10, 1946

(month) (day) (year)

## Cemetery or crematory

Seaton Colored Cemetery

## Location

Seaton, Maryland

## 18. Funeral director

J. F. Grafton and Son

## Address

Delmar, Maryland

## 19.

Apr 8 - 1946Elice ArmisteadRegistrar

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 419 46at 9:20 P. M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 17 19 46 to April 4 19 46and that I last saw him alive on April 4 19 46

## Immediate cause of death

Myocardial infarction

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

## Autopsy results

## PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

## Address

M. D. or other

Date signed

RECEIVED  
APR 13 1946  
BUREAU V.R.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-2)

## CERTIFICATE OF DEATH

04:48

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

Country USA  
 City or town Chesapeake  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs  
 Hospital, institution, or street address where death occurred:  
Home Lane

How long in hospital or institution? None

## 3. (a) FULL NAME

Matilda Wright4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married8. (b) Name of husband or wife Edgar B. Lane6. (c) If alive, give age Do not know years7. Birth date of deceased (mo., day, yr.) Do not know 18738. AGE: Years 73 Months - Days - If less than one day - hrs. - min.9. Birthplace Chesapeake (Town, county, and state)10. Usual occupation Housewife11. Industry or business None12. Name Edgar B. Lane13. Birthplace Chesapeake14. Maiden name Do not know15. Birthplace Do not know16. Informant Edgar B. LaneAddress Church Hill Rd.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof April 21 1946 (month) (day) (year)Cemetery or crematory near ChestertownLocation "18. Funeral director Edgar B. LaneAddress Church Hill Rd.19. April 19 1946 Edgar B. Lane (Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland  
 City or town Chesapeake  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. None (If rural, give LOCATION)2. (a) If veteran, name war None

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1946 at 2 H M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1946 to April 18 1946 and that I last saw him live on April 18 1946Immediate cause of death Heart DURATIONHeartDue to HeartDue to HeartOther conditions Heart

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of NoneWhere did injury occur? None (City or town) None (County) None (State)Injured at home, farm, industry, public place (where?) NoneMeans of injury None Injured at work? None23. SIGNATURE Edgar B. Lane M. D. or other NoneDate April 19 1946

RECEIVED

CERTIFICATE OF DEATH

RECEIVED

APR 30 1946

BUREAU V.S.